



Operational Status Report *Kentucky MMIS Project*

*Cabinet for Health and Family Services
Department for Medicaid Services*

Status Month End January 2014

Cabinet for Health and Family Services Department for Medicaid Services

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1 Executive Summary

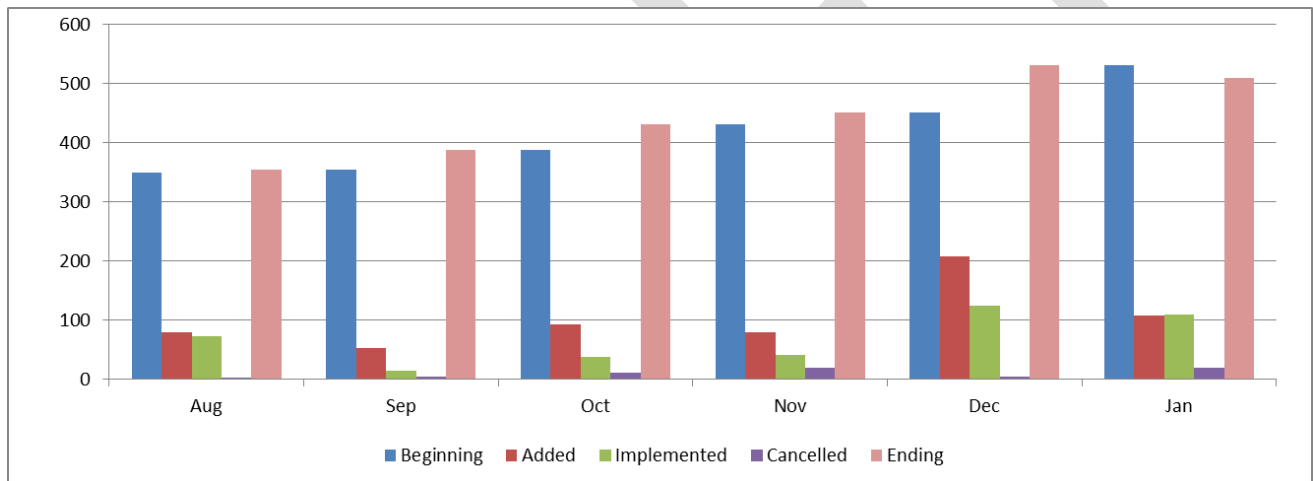
	January 2014	Page Number
Claims Processed	814,732	Page 17
Total Dollars Paid	\$210,919,296.23	Page 17
Claims Paid	531,560	Page 17
Claims Denied	283,172	Page 17
% Denied Claims	34.8%	Page 17
Average Claims Held in Cash Management	246,051	N/A
Average Dollars Held in Cash Management	\$47,572,527.91	N/A
Capitation Financial Transactions	916,196	Page 18
Capitation Financial Payments	\$404,400,954.77	Page 18
Suspended Claims	8,907	Page 24
Total Suspended Claims > 90 Days	453	Page 24
Provider Services Calls Received	12,496	Page 30
Provider Services Current Service Level %	95%	Page 30

1.1 Encounter Load Statistics

Managed Care Organizations (MCOs)						
	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
Coventry	858,135	765,938	736,282	1,218,510	961,113	788,742
Humana	88,639	22,042	28,730	47,394	25,760	27,040
Kentucky Spirit	151,434	36,548	25,879	54,582	68,019	16,107
Passport (R03)	122,091	14,745	16,158	84,634	69,115	2,617
Passport R31	589,990	473,004	397,921	505,918	472,910	747,576
WellCare	944,593	1,525,855	1,845,428	1,931,751	1,146,425	1,138,675
Other						
Transportation Encounters	419,026	204,089	15,000	314,723	606,347	0*
Magellan Pharmacy Claims	237,583	237,406	403,317	274,801	265,092	268,579
Totals	3,411,491	3,279,627	3,468,715	4,432,313	3,614,781	2,989,336
<p>August CC, PHP R03, PHP R31 & WC: Spike in numbers due to the voids and resubmission of claims.</p> <p>Decrease in KY Spirit claim from August to September due to end of contract.</p> <p>Decrease in Transportation Encounters due to a delay in corrected resubmitted files and this is expected to be elevated in the coming month. There are file ready for submission in Nov.</p> <p>* Transportation Encounters have NOT been received from the Transportation Cabinet in January 2014.</p>						

1.2 Change Order and Defect Statistics

Change Orders / Defects Inventory	Aug	Sep	Oct	Nov	Dec	Jan
Beginning	350	355	388	432	452	531
Added	80	52	93	80	208	108
Implemented	72	14	38	41	124	109
Cancelled	3	5	11	19	5	20
Ending	355	388	432	452	531	510



January 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	56	37	2	1	96	
Federally Mandated	274	1	0	0	275	56 open and 1 on hold COs are included on the Priority list.
Non-Priority	62	13	63	1	139	
Totals	392	51	65	2	510	Total includes 167 ICD-10 and T-MSIS CO's

The priority list consists of 153 Change Orders & Defects.

	Change Orders			Defects		
January 2014	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	18	19	4	1	3	1
Federally Mandated	58	62	0	0	0	0
Non-Priority	14	20	15	17	5	0
Totals	90	101	19	18	8	1

2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
		There were no unplanned system outages during the month of January.

3 Billable Hours

3.1 Billable Hours Usage Summary (Contract Year 2014)

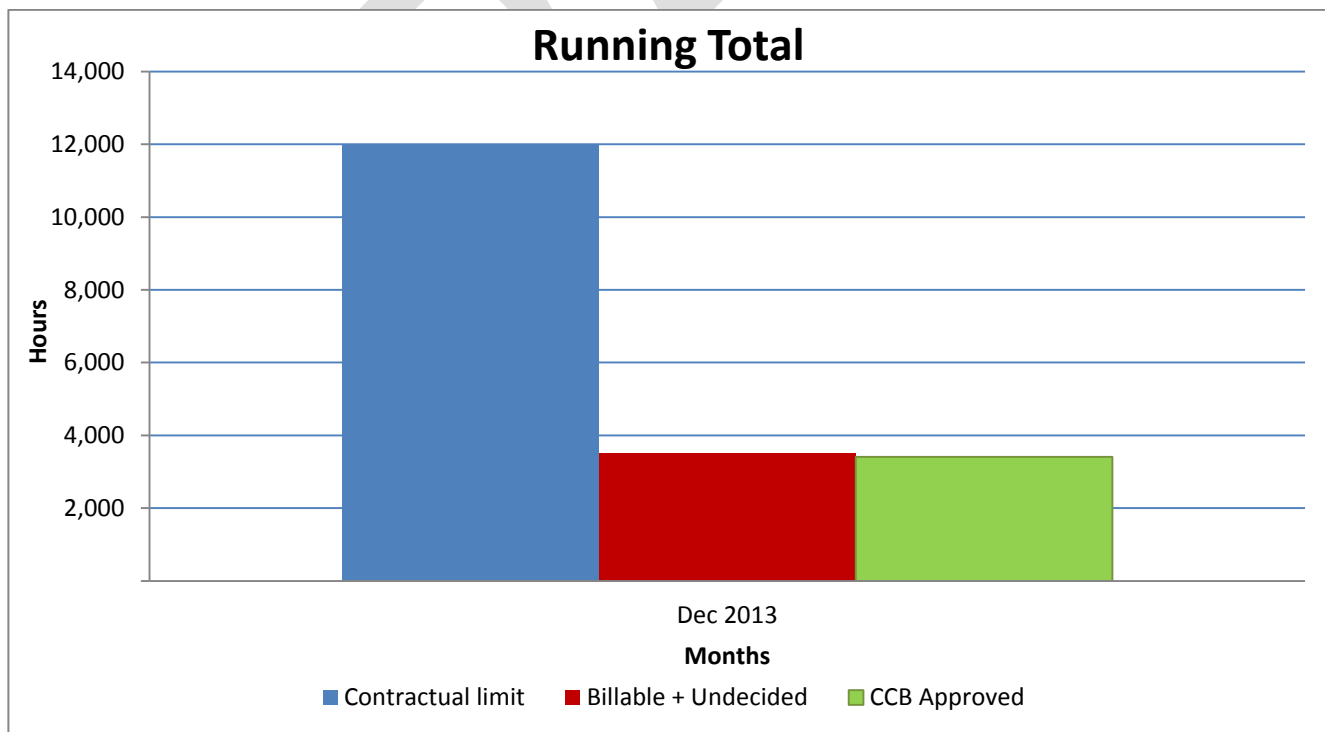
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,433.25	62.00	3,408.25	87.00
Jan 2014				
Feb 2014				
Mar 2014				
Apr 2014				
May 2014				
Jun 2014				
Jul 2014				
Aug 2014				
Sep 2014				
Oct 2014				
Nov 2014				

* Time entry is finalized on the 22nd day of the following month.

3.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,495.25	3,408.25	3,433.25	62.00	87.00
Jan 2014						
Feb 2014						
Mar 2014						
Apr 2014						
May 2014						
Jun 2014						
Jul 2014						
Aug 2014						
Sep 2014						
Oct 2014						
Nov 2014						

* Time entry is finalized on the 22nd day of the following month.



4 Monthly Ad hoc Requests

4.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	1	14	14	0	1
Type D	6	2	8	0	0
Type E	0	0	0	0	0
Total	7	16	22	0	1

4.2 Inventory Detail

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
21347	C	Bechtel, Steve	Completed	20140106	20140106	School Based I-Forms Support CMS64 Reporting
21199	D	Patel, Siddharth	Completed	20131218	20140102	OAG Req Adhoc 3
21200	D	Devore, Harriet	Completed	20131219	20130113	split out medical supply charges per revenue codes
21246	D	Wang, Julia	Completed	20131226	20140102	Communicare 01012013-12232013
21359	C	Bechtel, Steve	Completed	20140107	20140107	Expenditures Lisiting for SFY12 thru current
21247	D	Wang, Julia	Completed	20131226	20140102	Cardinal Hill 11012012-10312013
21248	D	Wang, Julia	Completed	20131226	20140102	Abundant Solutions 10012012-10312013

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
21367	C	Bechtel, Steve	Completed	20140108	20140109	Passport Medicaid Match FFY13, Q4
21249	D	Wang, Julia	Completed	20131226	20140102	Capacity Care 10012012-10312013
21292	C	Literal, Michelle	Completed	20131227	20140102	Diane Crowley
21368	C	Bechtel, Steve	Completed	20140108	20140109	Passport Medicaid Match FFY14, Q1
21405	C	Barrett, Hope	Completed	20140115	20140116	SCL Providers with paid claims
21407	C	Barrett, Hope	Completed	20140115	20140123	SCL Recipients by diagnosis
21408	C	Barrett, Hope	Completed	20140115	20140122	SCL providers by service
21409	C	Barrett, Hope	Cancelled	20140115		SCL Providers medicine
21410	C	Barrett, Hope	Cancelled	20140115		SCL Providers medicine
21411	C	Barrett, Hope	Completed	20140115	20140123	SCL Providers medicine
21445	C	Leliaert, Teresa	Completed	20140121	20140127	MFP Template
21452	C	Devore, Harriet	Completed	20140121	20140127	Blue & Co ORR -- crossover deductibles and coinsur
21454	D	Patel, Siddharth	Completed	20140121	20140128	OAG Req 4
21455	D	Patel, Siddharth	Completed	20140121	20140129	OAG Req 5

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
21463	C	Wang, Julia	Completed	20140123	20140124	Communicare 06012013-12312013
21487	C	Jenkins, Ericka	In Progress	20140128		State of the States

Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

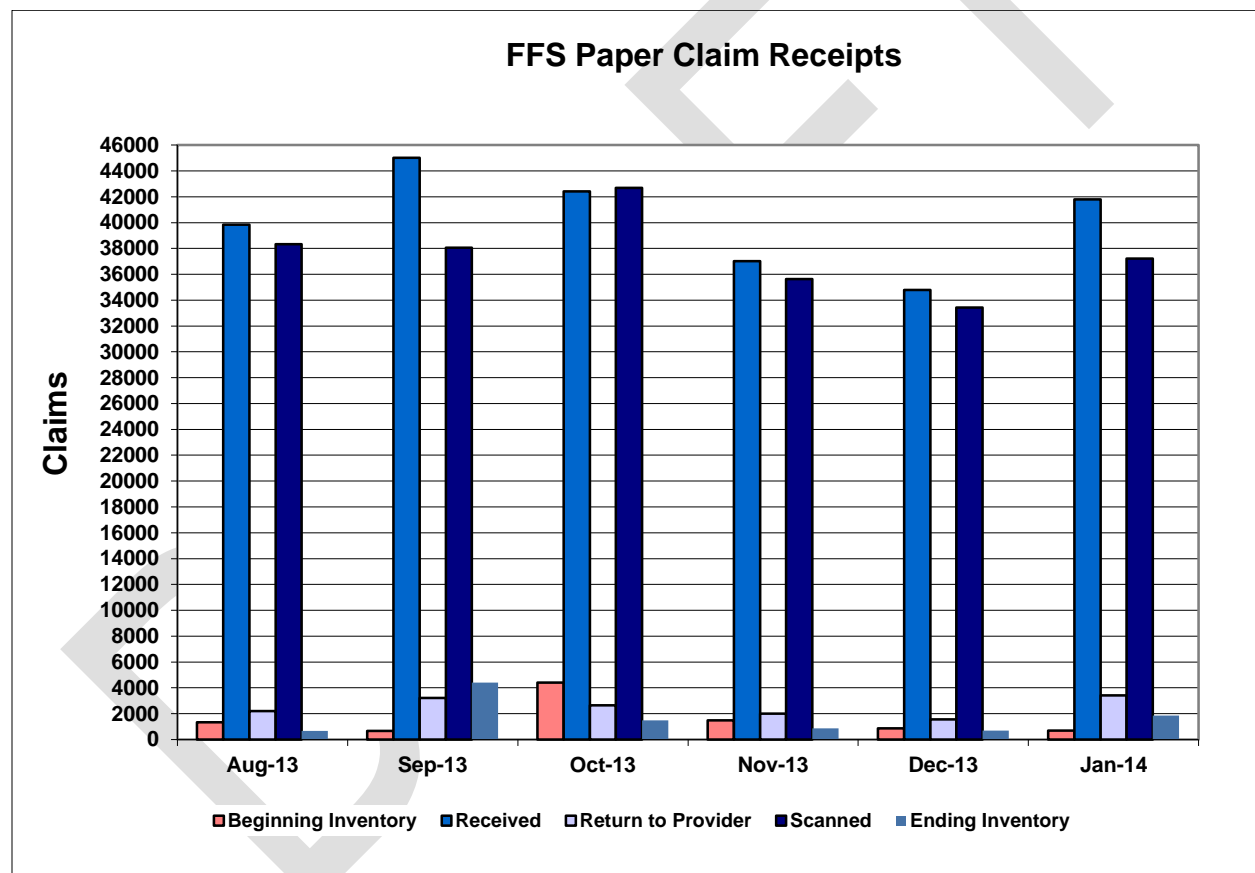
Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.

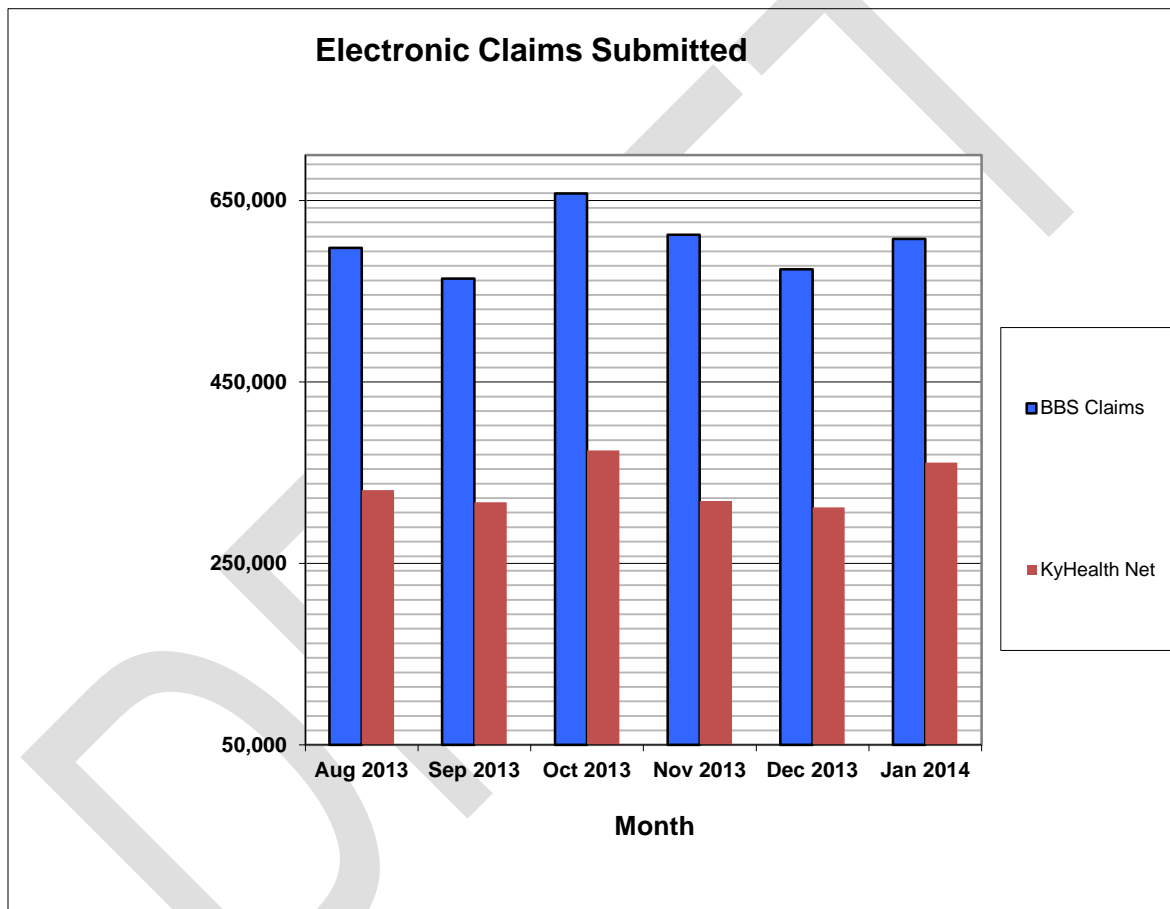
5 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
August 2013	1,345	39,852	2,188	38,340	669	0 days
September 2013	669	45,008	3,206	38,062	4,409	0 days
October 2013	4,409	42,427	2,652	42,701	1,483	0 days
November 2013	1,483	37,013	2,004	35,636	856	0 days
December 2013	856	34,798	1,551	33,424	679	0 days
January 2014	679	41,800	3,423	37,208	1,848	0 days



6 Electronic Claim Submissions

	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
Bulletin Board Claims Submitted	597,670	563,843	657,634	612,321	574,352	607,864
KyHealth Net Claims Submitted	331,016	317,585	374,692	318,818	311,971	361,265



7 Monthly FFS Claim Totals by Media

	Denied	PAID	Suspended
	Billed Amount	Paid Amount	Billed Amount
Electronic	\$303,357,557.73	\$207,962,864.91	\$6,782,490.78
Paper	\$49,828,232.92	\$3,408,867.11	\$3,397,714.97
Total	\$353,185,790.65	\$211,371,732.02	\$10,180,205.75

8 Monthly Claims Operations

8.1 FFS Monthly Financial Cycle Summary

Category	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
Paid Claims	548,289	446,264	456,714	605,447	459,040	531,560
Denied Claims	292,464	235,852	241,770	291,852	212,996	283,172
Total Adjudicated Claims	840,753	682,116	698,484	897,299	672,036	814,732
Adjustments	13,959	12,363	10,059	13,292	10,104	11,770
Total Claims	854,712	694,479	708,543	910,591	682,140	826,502
Suspended/Re-suspended Claims	12,939	11,788	15,296	12,811	11,094	8,907
% of Denied Claims	34.8%	34.6%	34.6%	32.5%	31.7%	34.8%
Avg \$ per Claim	\$381.59	\$405.57	\$430.47	\$361.62	\$406.61	\$396.79
Claim Payment Amount	\$209,224,330.84	\$180,991,079.99	\$196,601,602.10	\$218,939,387.67	\$186,650,101.31	\$210,919,296.23
(+) Payouts	\$496,177.51	\$736,075.51	\$1,183,572.44	\$7,360,754.51	\$48,295,830.15	\$5,634,150.15
(-) Recoupments	-\$3,383,079.30	-\$3,956,438.25	-\$2,114,267.87	-\$4,091,631.89	-\$3,143,502.06	-\$5,181,714.36
Check Issue	\$206,337,429.05	\$184,395,396.25	\$195,670,906.67	\$222,208,510.29	\$231,802,429.40	\$211,371,732.02
Capitation Payment	\$319,444,967.06	\$296,300,082.33	\$293,880,283.67	\$298,568,215.45	\$340,218,916.61	\$404,400,954.77
Total Paid	\$525,782,396.11	\$480,695,478.58	\$489,551,190.34	\$520,776,725.74	\$572,021,346.01	\$615,772,686.79

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

Category	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013
Paid Claims	561,679	458,763	482,206	516,497	430,573	411,690
Denied Claims	317,192	227,040	235,967	272,168	211,360	224,897
Total Adjudicated Claims	878,871	685,803	718,173	788,665	641,933	636,587
Adjustments/Claim Credits	29,611	11,364	13,578	20,314	13,370	23,748
Total Claims	908,482	697,167	731,751	808,979	655,303	660,335
Suspended/Resuspended Claims	7,273	10,887	6,123	12,402	7,657	6,716
% of Denied Claims	36.1%	33.1%	32.9%	34.5%	32.9%	35.3%
Avg \$ per Claim	\$369.28	\$406.50	\$383.86	\$388.10	\$409.78	\$416.06
Claim Payment Amount	\$207,418,456.28	\$186,489,410.60	\$185,098,986.97	\$200,454,913.45	\$176,441,820.39	\$171,289,507.73
(+) Payouts	\$567,120.39	\$10,837,205.60	\$11,434,655.39	\$15,158,699.92	\$20,395,641.89	\$13,932,014.73
(-) Recoupments	-\$5,397,677.05	-\$4,203,957.52	-\$3,956,441.49	-\$16,740,078.98	-\$3,671,832.72	-\$14,489,814.12
Check Issue	\$202,587,899.62	\$193,122,658.68	\$192,577,200.87	\$198,873,534.39	\$193,165,629.56	\$170,731,708.34
Capitation Payment	\$269,400,494.35	\$267,562,420.68	\$263,829,923.16	\$200,063,776.80	\$274,936,052.83	\$271,418,422.81
Total Paid	\$471,988,393.97	\$460,685,079.36	\$456,407,124.03	\$398,937,311.19	\$468,101,682.39	\$442,150,131.15

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

8.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
1/1/2014	1/31/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
Anthem	17,114	\$10,911,869.88	6,863	\$4,093,140.36	23,977	\$15,005,010.24
Coventry	272,113	\$106,208,716.30	32,092	\$11,596,213.64	304,205	\$117,804,929.94
Humana	37,374	\$19,361,087.42	11,986	\$6,747,941.23	49,360	\$26,109,028.65
NEMT*	0	\$0.00	0	\$0.00	0	\$0.00
Passport	152,111	\$74,970,753.02	21,122	\$9,882,089.95	173,233	\$84,852,842.97
Wellcare	326,342	\$144,419,145.95	39,079	\$16,209,997.02	365,421	\$160,629,142.97
Sum	805,054	\$355,871,572.57	111,142	\$48,529,382.20	916,196	\$404,400,954.77

* The NEMT cycle for January 2014 ran on February 6, 2014.

Begin Date	End Date
1/1/2014	1/31/2014

NEMT Broker	Count*	Amount*
Sum:	0	\$0.00

* The NEMT cycle for January 2014 ran on February 6, 2014.

8.3 FFS Adjudicated Original Claims (By Claim)

Paper Claims	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
Paid	11,213	10,357	11,300	14,939	8,618	9,538
Denied	18,690	15,095	13,246	14,889	12,048	15,248
Total	29,903	25,452	24,546	29,828	20,666	24,846
% of Total Adjudicated Claims	3.56%	3.73%	3.51%	3.32%	3.08%	3.05%
% of Paper Denied Claims	62.50%	59.31%	53.96%	49.92%	58.30%	61.37%

Note: Total Adjudicated Paper Claims divided by Total Adjudicated claims = % of Total Adjudicated claims
 Total Denied Paper Claims divided by Total Adjudicated Claims = % of Denied Claims

Electronic Claims	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
Paid	537,076	435,907	445,414	590,508	450,422	521,962
Denied	273,774	220,757	228,524	276,963	200,948	267,924
Total	810,850	656,664	673,938	867,471	651,370	789,886
% of Total Adjudicated Claims	96.44%	96.27%	96.49%	96.68%	96.92%	96.95%
% of Electronic Denied Claims	33.76%	33.62%	33.91%	31.93%	30.85%	33.92%

Note: Total Adjudicated Electronic Claims divided by Total Adjudicated claims = % of Total Adjudicated claims
 Total Denied electronic Claims divided by Total Adjudicated Claims = % of Denied Claims

8.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
1/1/2014	1/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HEMOCARE TRAIN PT 15 MIN	8,174	50,917	\$21,365,418.62
T2016	HABIL RES WAIVER PER DIEM	2,537	21,894	\$15,465,589.05
99199	SPECIAL SERVICE/PROC/REPORT	7,377	9,457	\$7,017,154.54
T2021	DAY HABIL WAIVER PER 15 MIN	4,833	30,232	\$6,005,446.49
T2022	CASE MANAGEMENT, PER MONTH	14,195	17,801	\$4,991,690.77
H0004	ALCOHOL AND/OR DRUG SERVICES	2,910	8,698	\$3,284,222.56
T2023	TARGETED CASE MGMT PER MONTH	8,610	10,020	\$2,932,292.90
97535	SELF CARE MNGMENT TRAINING	1,860	7,200	\$2,783,782.47
S5100	ADULT DAYCARE SERVICES 15MIN	2,591	20,851	\$2,450,837.89
H0043	SUPPORTED HOUSING, PER DIEM	560	4,707	\$1,845,420.01

8.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,352	33,776	\$14,582,578.30
3180	MOD INTELLECT DISABILITY	2,868	22,304	\$8,333,408.65
3310	ALZHEIMER'S DISEASE	1,678	3,305	\$7,273,616.48
3182	PROFND INTELLCT DISABLTY	582	2,380	\$6,935,286.93
3128	OTHER CONDUCT DISTURBANCE	3,808	3,912	\$6,708,532.32
3181	SEV INTELLECT DISABILITY	834	5,248	\$5,394,340.38
318	OTHER MENTAL RETARDATION	2,462	12,496	\$5,108,199.76
496	CHR AIRWAY OBSTRUCT NEC	5,726	12,508	\$4,872,957.55
29900	AUTISTIC DISORD-CURRENT	2,091	13,184	\$4,768,739.76
319	INTELLECT DISABILITY NOS	1,448	10,884	\$4,446,189.99

8.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
1/1/2014	1/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	149,158	229,893	\$8,362,346.61
99284	EMERGENCY DEPT VISIT	31,566	39,433	\$6,898,631.24
99283	EMERGENCY DEPT VISIT	49,679	64,292	\$6,200,733.83
99285	EMERGENCY DEPT VISIT	13,903	17,251	\$3,840,178.81
99214	OFFICE/OUTPATIENT VISIT EST	48,402	68,474	\$3,173,382.48
T2022	CASE MANAGEMENT, PER MONTH	7,519	29,112	\$1,608,396.73
99212	OFFICE/OUTPATIENT VISIT EST	36,728	52,192	\$1,539,343.81
G0378	HOSPITAL OBSERVATION PER HR	2,876	3,084	\$1,329,646.77
90832	PSYTX PT&/FAMILY 30 MINUTES	16,191	36,576	\$1,208,487.59
G0431	DRUG SCREEN MULTIPLE CLASS	8,910	12,973	\$1,180,928.46

Note: Data taken from encounters received from the Managed Care Organizations

8.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
V3001	SINGLE LB IN-HOSP W CS	1,523	2,122	\$5,967,256.29
V3000	SINGLE LB IN-HOSP W/O CS	2,979	4,101	\$5,939,139.33
V5811	ANTINEOPLASTIC CHEMO ENC	494	936	\$4,724,994.01
0389	SEPTICEMIA NOS	496	736	\$4,357,967.78
486	PNEUMONIA, ORGANISM NOS	4,126	6,333	\$2,877,969.78
65421	PREV C-DELIVERY-DELIVRD	909	1,268	\$2,437,136.77
V202	ROUTIN CHILD HEALTH EXAM	24,341	27,028	\$2,269,068.66
51881	ACUTE RESPIRATRY FAILURE	943	2,461	\$2,197,630.53
78650	CHEST PAIN NOS	8,252	12,111	\$2,171,233.87
31401	ATTN DEFICIT W HYPERACT	15,191	73,672	\$2,121,911.56

Note: Data taken from encounters received from the Managed Care Organizations

8.8 Monthly FFS Top Ten Denial Reasons (By Detail Line)

Error	Description	Number of Denials	% of Top Ten
2017	Services Covered Under Member's MCO Plan	23,022	18.1%
1010	Rendering Provider Not A Mem Of Billing Grp	18,924	14.9%
4021	No Coverage for Billed Procedure	18,553	14.6%
5001	Exact Duplicate	13,956	10.9%
3317	This Service Was Not Approved by Medicare	11,947	9.4%
2003	Member Ineligible on Detail Date of Service	9,576	7.5%
1955	Cannot Determine Medicaid NBR for Billing Prov	9,490	7.4%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	9,150	7.2%
4804	No Contract for Billed Rev Code	6,879	5.4%
1032	Billing Prov not Elig to Bill this Claim Type	5,904	4.6%
Totals		127,401	62.20%

Total Denied Details – 204,800

NOTE: Total # of top ten denials (127,401) divided by total denied details (204,800) = % of top ten denials (62.20%)

8.9 Monthly FFS Top Ten Suspense Reasons (By Detail Line)

Error	Description	Number of Failures	% of Top Ten
2001	Member ID Number not on File Recycle	4,220	41.0%
4405	Unable to Assign Provider Contract	1,985	19.3%
3305	Member Requires Valid PT Liability for DOS	1,488	14.4%
2505	Member Covered by Private Insurance	578	5.6%
4014	No Pricing Segment on File	535	5.2%
5001	Exact Duplicate	468	4.5%
1046	Facility Provider is not Eligible	314	3.0%
3001	PA Not Found on Database	272	2.7%
1047	Billing Provider is not Eligible	261	2.5%
2503	Member Covered by Medicare B	181	1.8%
Totals		10,302	77.4%

Total Suspended Details – 13,004

NOTE: Total # of top ten failures (10,302) divided by total suspended details (13,304) = % of top ten suspense (77.4%)

8.10 FFS Suspended Original Claims by Age (By Claim)

Category	August 2013		September 2013		October 2013		November 2013		December 2013		January 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	12,552	97.01	10,660	90.43	14,773	96.58	12,110	94.53	10,383	93.59	8,149	91.49
31-60 days	147	1.14	827	7.02	192	1.26	238	1.86	229	2.06	137	1.54
61-90 days	61	.47	72	.61	36	.23	143	1.11	34	.31	168	1.89
91+ days	179	1.38	229	1.94	295	1.93	320	2.50	448	4.04	453	5.08
Total	12,939		11,788		15,296		12,811		11,094		8,907	

8.11 FFS Claims Suspense Over 30 Days by Responsible Unit (By Claim)

Category	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	Oldest Julian Date
Resolutions	32	777	37	201	99	136	13-330
Med.Review	0	0	4	1	3	0	0
TPL	1	0	0	0	4	0	0
Adjustments	0	0	0	0	1	2	13-329
Recycle	0	0	0	0	7	0	0
DMS	354	351	482	499	597	620	12-117
Total	387	1,128	523	701	711	758	

9 Monthly Third-Party Liability

9.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,976	8,476	8,824	0		7 days
CS40-Child Support	0	0	0	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	442	1,521	1,362	0	601	13 days
Accident/Trauma Leads	0	2	2	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	0	227	224	0	3	0 days
TPL Checks	137	282	204	0	215	2 days
TPL Mail	1,807	5,878	5,525	0	2,160	8 days
KHIPP	0	418	418	0	0	0 days
Total	4,362	16,804	16,559	0	4,607	

10 Monthly Finance/Adjustments

10.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	60	217	248	0	6	0	23	1 day
Payouts	0	1,128	1,122	0	0	0	6	1 day
Accounts Receivable Updates	3	79	78	0	0	0	4	1 day
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	63	1,424	1,448	0	6	0	33	

10.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	16	4	2	18	1 day
HP Financial	206	419	413	212	2 days
DMS Financial	76	146	138	84	2 days
Total	298	569	553	314	

10.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	184	146	11	27	1 day
Institutional	0	187	140	8	39	1 day
Voids	0	394	324	38	32	1 day
Total	0	765	610	57	98	

10.4 Monthly FFS Financial - Mass Adjustments

Category	Beginning Inventory	Received (plus)	Released (minus)	Deleted (minus)	Zero Claims Pulled (minus)	Ending Inventory	On Hold	DMS Review
Mass Adjustment (region 52)	81	2	38	2	1	42	42	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Total	81	2	38	2	1	42	42	0

11 Provider Relations

11.1 Provider Field Representatives

11.1.1 Provider Visits

January 13, 2014

Kelly Gregory, HP Provider Field Representative, conducted a Virtual Room provider visit on January 13, 2014 with South Central Kentucky Foot & Ankle Center. During this visit, the staff was taught how to navigate KyHealth Net by reviewing each subject in the drop down menus: claims, member, remits, and prior authorizations. Those in attendance were: Tee Gutowski, Office Manager.

January 17, 2014

Vicky Hicks, HP Provider Field Representative, conducted a Virtual Room provider visit on January 17, 2014 with Highland Springs of Fort Thomas. During this visit, the staff was taught how to navigate KyHealth Net by reviewing each subject in the drop down menus: claims, member, remits, prior authorizations, ADO and EFT's. Those in attendance were: Mary Beth Montgomery, Janine Hopkins and Mary Phillips.

January 22, 2014

Vicky Hicks, HP Provider Field Representative, conducted a Virtual Room provider visit on January 22, 2014 with Key Assets Kentucky LLC dba Key Services. During this visit, the staff was taught how to navigate KyHealth Net by reviewing each subject in the drop down menus: claims, member, remits, prior authorizations, and system administrator functions. Those in attendance were: Marilyn Barnett, Shannon Stull, and Kayla Thomas.

11.2 Conference Calls (Calls Greater Than 30 Minutes)

January 28, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Behavior Associates on January 28, 2014. The conference call was requested by the provider to go over adjustment issues and how to read their remit. Those on the conference call: Patty.

11.3 Association Meetings

There are no association meetings to report.

11.4 Provider Contacts*

***Total Number of Calls and Emails between Provider Field Representatives and Providers during the Month**

Calls	207
Emails	300
Total	507

11.5 Provider Workshops

January 28, 2013

Vicky Hicks, HP Provider Field Representative, conducted a Hospital Presumptive Eligibility (PE) Webinar on January 28, 2014 from 9:30 a.m. to 10:30 a.m. There were 16 attendees logged into the virtual room. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. Any additional provider questions were answered at the end of the presentation. Questions that could not be answered were submitted to DMS for follow-up. Also present were HP Provider Field Representative Kelly Gregory, who took screen shots of providers logged into the virtual room, and Provider Relations Manager Stayce Towles.

January 29, 2014

Vicky Hicks, HP Provider Field Representative, conducted a Hospital Presumptive Eligibility (PE) Webinar on January 29, 2014 from 2:00 p.m. to 3:00 p.m. There were 20 attendees logged into the virtual room. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. Any additional provider questions were answered at the end of the presentation. Questions that could not be answered were submitted to DMS for follow-up. Also present were HP Provider Field Representative Kelly Gregory, who took screen shots of providers logged into the virtual room, and Provider Relations Manager Stayce Towles.

January 31, 2014

Kelly Gregory, HP Provider Field Representative, conducted a Hospital Presumptive Eligibility (PE) Webinar on January 31, 2014 from 9:30 a.m. to 10:30 a.m. There were 32 attendees logged into the virtual room. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. Any additional provider questions were answered at the end of the presentation. Questions that could not be answered were submitted to DMS for follow-up. Also present were HP Provider Field Representative Vicky Hicks, who took screen shots of providers logged into the virtual room, and Provider Relations Manager Stayce Towles.

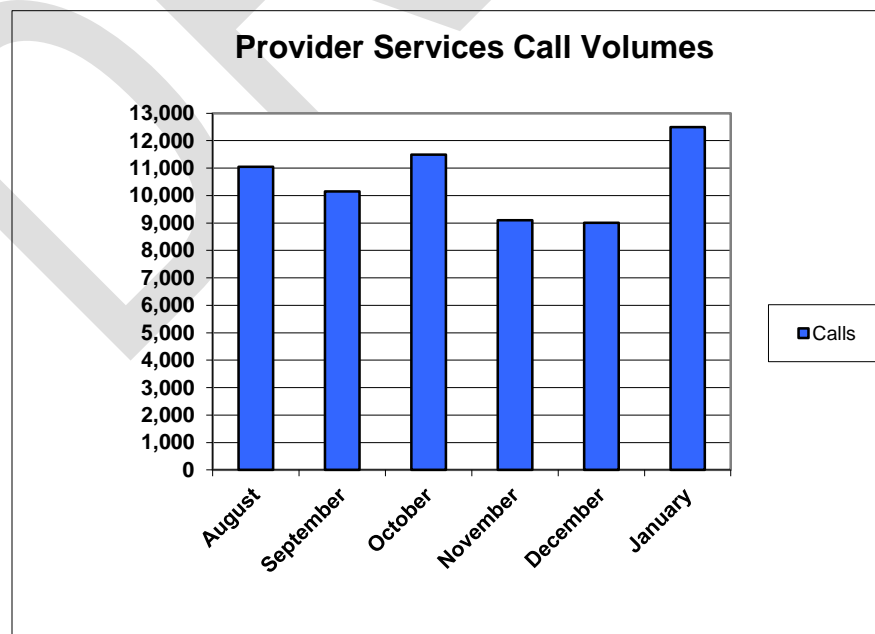
11.6 Provider Services

11.6.1 Provider Services

Category	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
% Service Level	95%	95%	96%	97%	97%	95%
Abandoned Calls	545	462	493	311	315	683
Avg Speed Ans	1:25	1:50	1:16	1:03	1:07	1:34
Incoming Calls	11,051	10,154	11,493	9,101	9,007	12,496
Paper Correspondence	416	700	666	568	344	421
E-Mail Correspondence	240	191	273	292	208	274
Fax	61	21	42	28	20	36
Total*	11,768	11,066	12,474	9,989	9,569	13,227
HP Callbacks	133	122	146	93	77	110

*Total of Calls, Paper Correspondence, E-Mail Correspondence, and Faxes

*Formula for % Service Level: 1. Number of incoming calls. 2. Subtract abandoned calls. 3. Divide total by number of incoming calls = percentage.



11.6.2 Top 5 Provider Calls

1. Claim Status
2. Member Services / Member Calls
3. Billing Help
4. Prior Authorization
5. Check Amounts

11.6.3 Notable Topics

1. Reason for claim denial or suspend
2. What is the MCO the member is enrolled in; MAP 552 questions; and, Member calls asking if enrolled in Medicaid and which MCO
3. Workshop questions – timely filing – crossover form questions
4. Prior Authorization (PA) numbers and overlapping dates
5. Questions about the Attestation checks

11.7 Commonwealth Training**11.7.1 Current Activities**

The following instructor-led training classes were offered by HP in January:

- Mechanics of Claims Processing (January 7) 0 attended
- Member Subsystem (January 8) 0 attended
- Provider Subsystem (January 9) 0 attended
- Prior Authorization Subsystem (January 9) 0 attended
- Mechanics of Claim Processing (January 10) 8 attended
 - Sritulasi Katta from OATS attended*
 - Uma Khanal from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*
- Reference Subsystem (January 10) 7 attended
 - Sritulasi Katta from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*

The following instructor-led training classes were offered by HP in January (continued):

- Claim Edits, Audits and Rules (January 10) 7 attended
 - Sritulasi Katta from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*
- Claims Subsystem (January 15) 0 attended
- Member Subsystem (January 16) 10 attended
 - Sritulasi Katta from OATS attended*
 - Uma Khanal from OATS attended*
 - Parul Patel from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Mageesh Venkatesan from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*
- Provider Subsystem (January 16) 10 attended
 - Sritulasi Katta from OATS attended*
 - Uma Khanal from OATS attended*
 - Parul Patel from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Mageesh Venkatesan from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*
- Financial Subsystem (January 16) 0 attended
- OnBase Application (January 16) 0 attended
- Claims Subsystem (January 17) 1 attended
 - Sritulasi Katta from OATS attended*
 - Uma Khanal from OATS attended*
 - Parul Patel from OATS attended*
 - Liping Peng from OATS attended*
 - Linda Petroczy from OATS attended*
 - Bobby Reid from OATS attended*
 - Cindy Smith from OATS attended*
 - Mageesh Venkatesan from OATS attended*
 - Brooke Wright from OATS attended*
 - James Zatko from OATS attended*
- One-on-One Assistance (January 17) 0 attended

The following instructor-led training classes were offered by HP in January (continued):

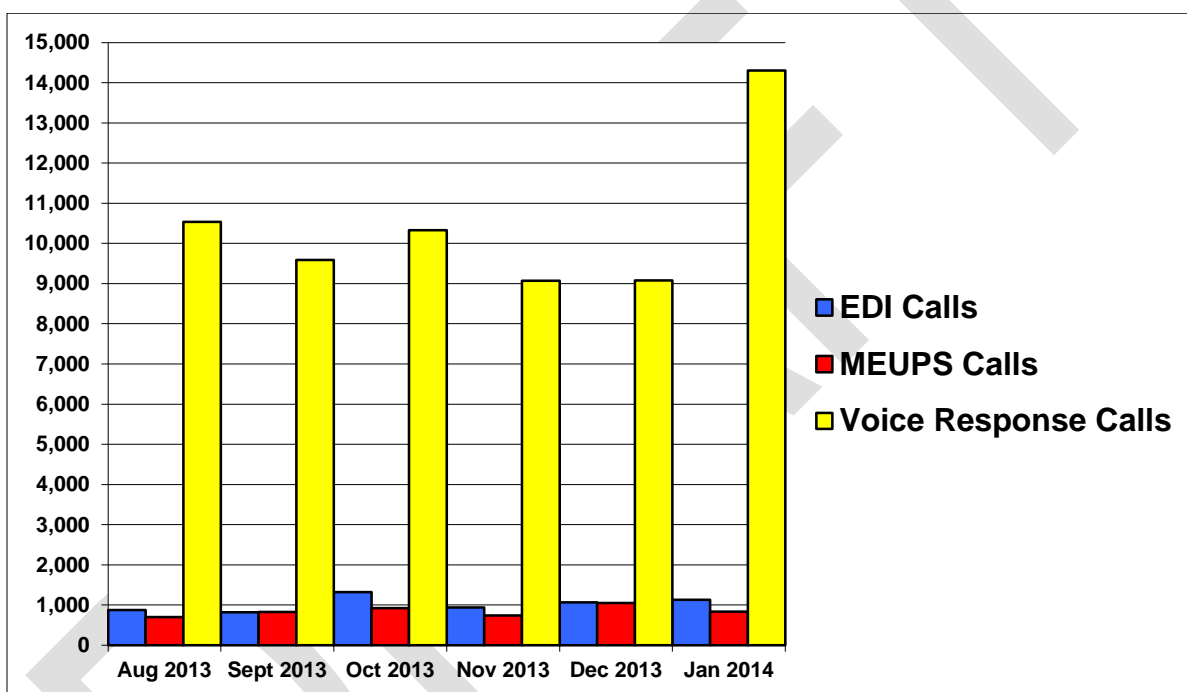
- Overview of Member, Provider and Claims Subsystems (January 23) 5 attended
 - Lisa Hockensmith from Department of Insurance attended*
 - Jan Like from Department of Insurance attended*
 - Karen Mahoney from Department of Insurance attended*
 - Toni Rosales from Department of Insurance attended*
 - Brandon Sawyers from Department of Insurance attended*
- Overview of Member, Provider and Claims Subsystems (January 24) 4 attended
 - Vonda Greene from Department of Insurance attended*
 - Paulette Livisay from Department of Insurance attended*
 - Megan Roberts from Department of Insurance attended*
 - Brian Staples from Department of Insurance attended

*staff members' supervisors are sent sign in sheets following classes

12 EDI Customer/Provider Interaction

12.1 Electronic Data Interchange Calls Received

Category	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
EDI Calls	871	816	1,323	937	1,064	1,131
MEUPS Calls	696	826	921	740	1,053	832
Voice Response Calls	11,805	9,590	10,329	9,070	9,077	14,307



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	871	7	:11	3:14	99%
September	816	10	:07	2:58	99%
October	1,323	25	:13	2:58	98%
November	937	10	:09	2:52	99%
December	1,064	21	:11	2:52	98%
January	1,131	23	:13	3:19	98%

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	696	14	:08	2:19	98%
September	826	17	:07	2:17	98%
October	921	16	:13	2:22	98%
November	740	10	:07	2:11	99%
December	1,053	16	:13	2:11	98%
January	832	18	:14	2:06	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	10,540	53	:01	1:34	99%
September	9,590	44	:01	1:35	99%
October	10,329	64	:01	1:37	99%
November	9,070	122	:01	1:34	99%
December	9,077	290	:01	1:31	97%
January	14,307	350	:01	1:29	98%

*Formula for % Service Level: 1.Number of incoming calls. 2. Subtract abandoned calls. 3. Divide total by number of incoming calls = percentage.

EDI Top 5 calls:

1. Request to repost 835s
2. Verify electronic file transmission
3. Request to repost 999s
4. Confirm setup of MAP 380s/246s
5. Questions about 837 file structure

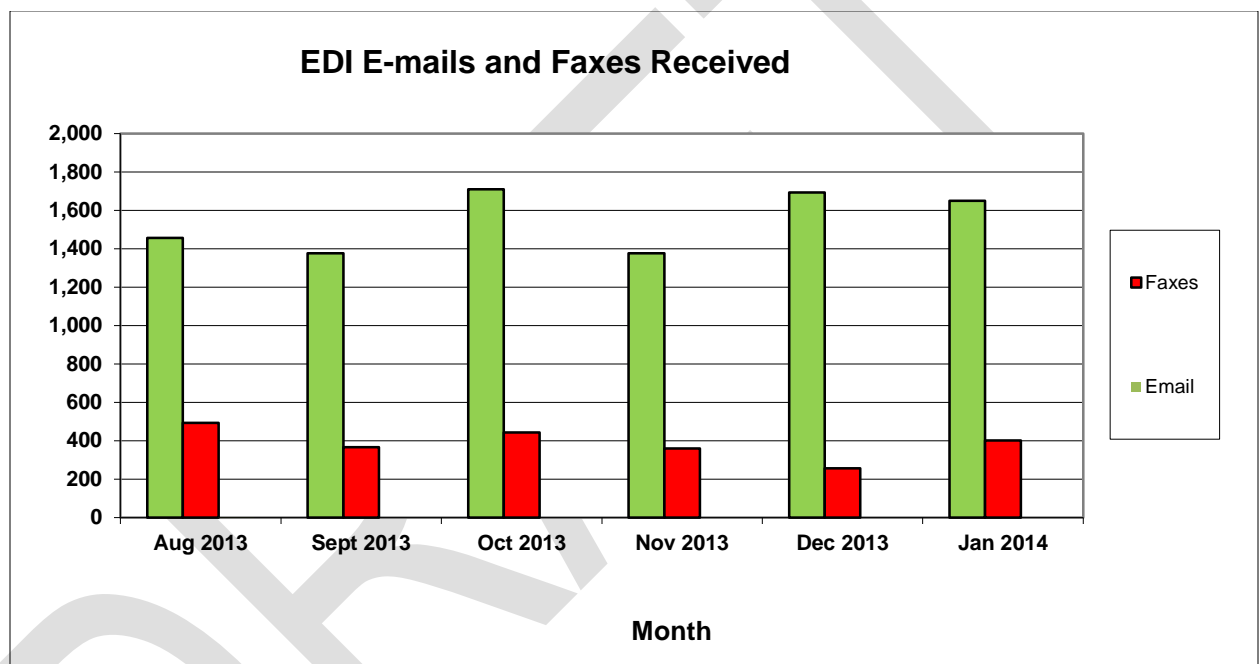
MEUPS Top 5 calls:

1. Password resets (*see table below*)
2. Request to change Administrator of account
3. PIN release request to set up new account
4. Medicaid contract has end-dated, resulting in no access to KyHealth Net
5. How to navigate member eligibility

Category	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
Password Resets Received Via phone	483	547	668	538	952	624

12.2 EDI E-mails and Faxes Received

Category	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
E-mails Received	1,456	1,377	1,710	1,376	1,693	1,650
E-mails Answered	1,456	1,377	1,710	1,376	1,693	1,650
Faxes Received	493	366	443	360	257	401
Faxes Answered	493	366	443	360	257	401



EDI Top 5 E-mail Requests:

1. Password resets (see table below)
2. Status of MAP 380
3. Status of 835
4. Research
5. Verify electronic file transmission

Category	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
Password Resets Received Via e-mail	421	428	513	324	747	413

EDI Top 5 Fax Requests:

1. PIN release forms* (*see table below*)
2. Change of Administrator forms* (*see table below*)
3. MAP 380s and 246s
4. 835s
5. Trading Partner Agreements

Category	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014
PINs Received via fax	361	454	614	488	116	899**
Admins Received via fax	185	237	343	236	163	195

*All PIN release and Change of Administrator responses are outbound via e-mail only.

** Many providers set up accounts in KyHealth Net in response to the EADO letter.